

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 980364 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/		
2	/	/	/	/		
3						
4	/	/	/	/		
5						
6						
7						
8						
9						
10	9					
11	9					
12	9					
13	9					
14	9					
15	8					
16	8					
17	8					
18	8					
19	8					
20	8					
21	8					
22	8					
23	8					
24	8					
25	8					
26	8					
27	8					
28	8					
29	8					
30	3					
31	3					
32	3					
33	3					
34	8					
35	8					
36	8					
37	8					
38	8					
39	8					
40	8					
41	8					
42	8					
43	8					
44	8					
45	8					
46	8					
47	8					
48	8					
49	8					
50	8					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	*	*
IND.	DEP.	IND.
51	6	
52	8	
53		
54	1	1
55	8	1
56	8	
57	8	
58	9	
59	4	
60	4	
61	9	
62	6	
63	1	1
64	1	
65	1	
66	3	
67	3	
68	3	
69	3	
70	3	
71	0	
72	8	
73	0	
74	0	
75		
76		
77		
78		
79		
80		
81		
82		
83		
84		
85		
86		
87		
88		
89		
90		
91		
92		
93		
94		
95		
96		
97		
98		
99		
100		
TOTAL IND.		4
TOTAL DEP.		70
TOTAL CLAIMS		74